

03/02/06

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SVL  
 22851 7590 12/15/2005  
**DELPHI TECHNOLOGIES, INC.**  
 M/C 480-410-202  
 PO BOX 5052  
 TROY, MI 48007

EV 843432760 US

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Susan Grishan	(Depositor's name)
Susan Grishan	(Signature)
3-1-06	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/608,844	06/27/2003	Morgan D. Murphy	DP-309771	7649

TITLE OF INVENTION: FRAME-BASED BLADDER APPARATUS FOR SEAT OCCUPANT WEIGHT ESTIMATION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	03/15/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
GIBSON, RANDY W	2841	180-273000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Stefan V. Chmielewski  
 2  
 3

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

DELPHI TECHNOLOGIES, INC.

TROY, MICHIGAN

03/03/2006 MAHME2 00000075 500831 10608844  
 01 FC:1501 1400.00 DA  
 02 FC:1504 300.00 DA  
 03 FC:8001 6.00 DA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee  
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☒ Advance Order - # of Copies 2

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☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 300831 (enclose an extra copy of this form).

## 5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Registration No.

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